

1.) CORPORATION NAME:

DUE DATE: **4/30/2011**

Weyerhaeuser Real Estate Development Company

SCC ID NO: **F1466806**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 33663 WEYERHAEUSER WAY S

CITY/ST/ZIP: FEDERAL WAY, WA 98001-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	THOMAS F GIDEON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	SANDY MCDADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GENERAL COUNSEL		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	SCOTT M DAHLQUIST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	SAM L AMERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	DAN BOWLING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		

NAME:	DOROTHY CHURCHILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	TAYLOR H DOWNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	DEBORAH J DUKES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	TERI L GRISHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	PEGGY I HEBBLETHWAITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	LINDA H JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	RICHARD G KORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR OF MINERALS		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	JEDD B LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	VICKI A MERRICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		
NAME:	JEFFREY W NITTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98001-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY C NOLES ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANN E PULS ASST TREASURER 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARLENE VOSS ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAIRE S GRACE DIR/SEC/VP 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M SMITH ASST SEC/DIR 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS M SMITH		THOMAS M SMITH, ASST SEC/DIR	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			